

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	<b>PHUS020523</b>
	<b>First Named Inventor</b>	<b>MI-SUEN LEE</b>
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	<b>/</b>
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CORRECTING A HEAD POSE IN A VIDEO PHONE IMAGE**

the specification of which *(Title of the Invention)*

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

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**\*24737\***



OR ☐ Correspondence address below

PATENT TRADEMARK OFFICE

Name

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION

Address

P.O. BOX 3001

City

BRIARCLIFF MANOR

State

NEW YORK

ZIP

10510

Country

USA

Telephone

(914) 332-0222

Fax

(914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Mi-Suen

Family Name

or Surname

LEE

Inventor's  
Signature

*[Signature]*

Date

X Oct 16, 2003

Ossining

Residence: City

NY

New York

State

USA

Country

Hong Kong

Citizenship

86 Briarcliff Drive South

Mailing Address

Ossining

City

New York

State

10562

Zip

USA

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Yun-Ting

Family Name

or Surname

LIN

Inventor's  
Signature

*[Signature]*

Date

10/16/2003

Residence: City

Ossining

NY

New York

State

USA

Country

Taiwan

Citizenship

86 Briarcliff Drive South

Mailing Address

Ossining

City

New York

State

Zip 10562

Country

USA

Country

☒ Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
<b>Miroslav</b>		<b>TRAJKOVIC</b>	
Inventor's Signature		Date	
Residence: City	<b>Ossining</b>	State	<b>New York</b>
		Country	<b>USA</b>
Mailing Address		<b>38 1/2 Walden Road, #C2-11</b>	
Mailing Address			
City: <b>Ossining</b>	State <b>NY</b>	ZIP <b>10562</b>	Country <b>USA</b>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
<b>Vasanth</b>		<b>PHILOMIN</b>	
Inventor's Signature		Date	
Residence: City	<b>Stolberg</b>	State	<b>Germany</b>
		Country	<b>India</b>
Mailing Address		<b>Auf Der Hoehe 9</b>	
Mailing Address			
City	<b>Stolberg</b>	State	<b>Germany</b>
		Zip	<b>52223</b>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	

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	<b>First Named Inventor</b>	<b>MI-SUEN LEE</b>
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				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OR ☐ Correspondence address below

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State

**NEW YORK**

ZIP

**10510**

Country

**USA**

Telephone

**(914) 332-0222**

Fax

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

**Mi-Suen**

Family Name

LEE

or Surname

Inventor's  
Signature

Date

Ossining

Residence: City

New York

State

USA

Country

Hong Kong

Citizenship

**86 Briarcliff Drive South**

Mailing Address

Ossining

City

New York

State

10562

Zip

USA

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

**Yun-Ting**

Family Name

LIN

or Surname

Inventor's  
Signature

Date

Ossining

Residence: City

**Ossining**

New York

State

USA

Country

Taiwan

Citizenship

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New York

State

Zip 10562

Country

USA

Country

☒ Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
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Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Miroslav		TRAJKOVIC	
Inventor's Signature <i>Miroslav Trajkovic</i>		Date <i>10/30/01</i>	
Residence: City <i>Coram</i>	State <i>NY</i>	Country <i>USA</i>	Citizen ship <i>Yugoslavia</i>
Mailing Address <i>5105 Townhouse Drive</i>			
Mailing Address			
City: <i>Coram</i>	State <i>NY</i>	ZIP <i>11727</i>	Country <i>USA</i>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Vasanth		PHILOMIN	
Inventor's Signature		Date	
Residence: City <i>Stolberg</i>	State	Country <i>Germany</i>	Citizen ship <i>India</i>
Mailing Address <i>Auf Der Hoehe 9</i>			
Mailing Address			
City <i>Stolberg</i>	State	Zip <i>52223</i>	Country <i>Germany</i>
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City	State	Zip	Country

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10/528204

Rec'd PCT/PTO 09 JUN 2005

PTO/SB/01(03-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number : **PHUS020523**

First Named Inventor : **MI-SUEN LEE**

**COMPLETE IF KNOWN**

Application Number : **/**

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

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					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City

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State

**NEW YORK**

ZIP

**10510**

Country

**USA**

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**(914) 332-0222**

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

**Mi-Suen**

Family Name

or Surname

**LEE**

Inventor's

Signature

Date

Ossining

Residence: City

New York

State

USA

Country

Hong Kong

Citizenship

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New York

State

10562

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Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

**Yun-Ting**

Family Name

or Surname

**LIN**

Inventor's

Signature

Date

Ossining

Residence: City

**Ossining**

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State

USA

Country

Taiwan

Citizenship

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Mailing Address

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City

New York

State

Zip 10562

Country

USA

Country

☒ Additional inventors are being named on the 1/1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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+

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Miroslav		TRAJKOVIC	
Inventor's Signature		Date	
Residence: City	Ossining	State	New York
		Country	USA
Mailing Address 38 1/2 Walden Road, #C2-11			
Mailing Address			
City: Ossining	State NY	ZIP 10562	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Vasanth		PHILOMIN	
Inventor's Signature		Date 10-20-2003	
Residence: City	Stolberg	State	Germany
		Country	India
Mailing Address Auf Der Hoehe 9			
Mailing Address			
City	Stolberg	State	Germany
		Zip	52223
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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JUL 17 2005

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Koninklijke Philips Electronics N.V.Application No./Patent No.: \_\_\_\_\_ Filed/Issue Date: ConcurrentlyEntitled: METHOD AND APPARATUS FOR CORRECTING A HEAD POSE IN A VIDEO PHONE IMAGEKoninklijke Philips Electronics N.V., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

6/8/05

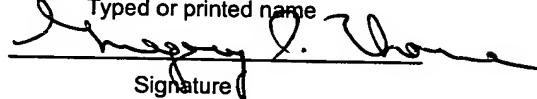
Date

(914) 333-9665

Telephone number

GREGORY L. THORNE, Reg. 39,398

Typed or printed name



Signature

Sr. Intellectual Property Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
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Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.  
Groenewoudseweg 1  
5621 BA Eindhoven, The Netherlands

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SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	14 January 2005
Name	Michael E. Marion	Telephone	(914) 333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/538204

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JC17 Rec'd PCT/PTO 09 JUN 2005

In re Application of

Atty. Docket

MI-SUEN LEE ET AL

US020523

Serial No.

Filed: CONCURRENTLY

Title: METHOD AND APPARATUS FOR CORRECTING A HEAD POSE IN A VIDEO  
PHONE IMAGE

Commissioner for Patents  
Alexandria, VA 22313

APPOINTMENT OF ASSOCIATES

Sir:

The undersigned Attorney of Record hereby revokes all  
prior appointments (if any) of Associate Attorney(s) or Agent(s) in  
the above-captioned case and appoints:

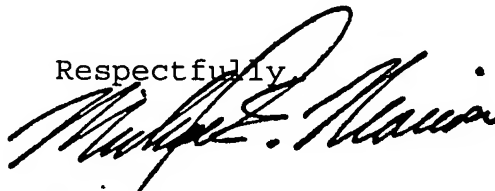
**GREGORY L. THORNE**

(Registration No. 39,398)

c/o U.S. PHILIPS CORPORATION, Intellectual Property & Standards,  
345 Scarborough Road, P.O. Box 3001, Briarcliff Manor, New York  
10510, his Associate Attorney(s)/Agent(s) with all the usual powers  
to prosecute the above-identified application and any division or  
continuation thereof, to make alterations and amendments therein,  
and to transact all business in the Patent and Trademark Office  
connected therewith.

ALL CORRESPONDENCE CONCERNING THIS APPLICATION AND THE  
LETTERS PATENT WHEN GRANTED SHOULD BE ADDRESSED TO THE UNDERSIGNED  
ATTORNEY OF RECORD.

Respectfully,



Michael E. Marion, Reg. 32,266  
Attorney of Record

Dated at Briarcliff Manor, New York  
this 7<sup>th</sup> day of June, 2005.